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## BIB DATA SHEET

CONFIRMATION NO. 8708

<b>SERIAL NUMBER</b> 10/717,736	<b>FILING or 371(c) DATE</b> 11/20/2003 <b>RULE</b>	<b>CLASS</b> 702 702/183	<b>GROUP ART UNIT</b> 2863	<b>ATTORNEY DOCKET NO.</b> 03-1135
<b>APPLICANTS</b> Scott E. Black, Godfrey, IL; /TL/ Kirby J. Keller, Chesterfield, MO; /TL/ Kevin Swearingen, St. Charles, MO; /TL/				
<b>** CONTINUING DATA *****</b> None /TL/				
<b>** FOREIGN APPLICATIONS *****</b> None /TL/				
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b>				
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /TUNG S LAU/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWINGS</b> 4	<b>TOTAL CLAIMS</b> 23
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> HUGH P. GORTLER 23 Arrivo Drive Mission Viejo, CA 92692 UNITED STATES				
<b>TITLE</b> Component health assessment for reconfigurable control				
<b>FILING FEE RECEIVED</b> 824	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	